

JUN 06 2007

PTO/SB/21 (04-07)

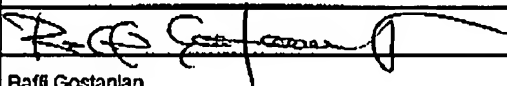
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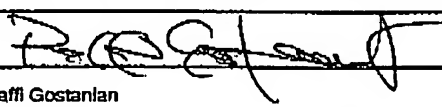
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TRANSMITTAL FORM	Application Number	10/796,596	
	Filing Date	03/09/2004	
	First Named Inventor	Russell C. McKown	
	Art Unit	2611	
	Examiner Name	Bocura, Tesfeldet	
(to be used for all correspondence after initial filing)		Attorney Docket Number	6756.3-2
Total Number of Pages in This Submission		2	

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name			
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Printed name	Raffi Gostanian		
Date	06/06/2007	Reg. No.	42,595

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PTO/SB/82 (01-08)

Approved for use through 12/31/2008. OMB 0951-0039

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**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10796,596
Filing Date	03/09/2004
First Named Inventor	Russell C. McKown
Art Unit	2611
Examiner Name	Bocure, Tesfeldt
Attorney Docket Number	6759.3-2

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

67,208

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

67,208

OR

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Individual Name

Address

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State

Zip

Country

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I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE OF Applicant or Assignee of Record**

Signature

Russell C. McKown

Name

Russell C. McKown

Date

05/23/2007

Telephone

214-893-8909

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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